



REDACTED - FOR PUBLIC INSPECTION

June 27, 2014

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Connect America Fund, WC Docket No. 10-90, 47 CFR § 54.313 Annual Reporting Requirements for High-Cost Recipients (Form 481)

Dear Ms. Dortch:

Attached please find **Mescalero Apache Telecom, Inc.'s** (MATI) (SAC 491231) high-cost support recipient annual report pursuant to 47 CFR § 54.313 (Form 481).

MATI is filing certain financial information, reported pursuant to 47 CFR §54.313(f)(2), as confidential under the November 16, 2012 Protective Order (DA 12-1857). Pursuant to that Order, each page of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version of this information has been marked "CONFIDENTIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION." As such, MATI requests that the non-redacted version of its submission be withheld from public inspection.

MATI is also requesting confidential treatment of certain information being filed pursuant to 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1) (five year service quality improvement plan) under 47 CFR § 0.457 and 0.459. The redacted version of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version has been marked "CONFIDENTIAL - NOT FOR PUBLIC INSPECTION."

Pursuant to 47 CFR § 0.459, MATI offers the following in support of its request for confidential treatment of certain information.

- *Identification of the specific information for which confidential treatment is sought:* MATI seeks confidential treatment of the five year service quality improvement plan required per 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1),
- *Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission:* MATI is providing the five year service quality improvement plan as part of its annual high-cost support recipient report per 47 CFR § 54.313.
- *Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged:* MATI considers the information to be highly sensitive in that it contains

statements about the Company's future investment plans, and discusses specific equipment and strategies the Company will utilize to provide services.

- *Explanation of the degree to which the information concerns a service that is subject to competition:* MATI provides voice and broadband services that are in competition with various landline and wireless providers; thus, the investment data disclosed is related to services subject to competition to a high degree.
- *Identification of any measures taken by the submitting party to prevent unauthorized disclosure:* MATI makes the data being provided available only to employees, consultants, and attorneys on a limited, need-to-know basis.
- *Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties:* The information is not publicly available.
- *Justification of the period during which the submitting party asserts that material should not be available for public disclosure:* MATI requests that the data provided be treated as confidential indefinitely. Due to the sensitive nature of the data, it would not be appropriate for public disclosure at any time in the foreseeable future.
- *Any other information that the party seeking confidential treatment believes may be useful in assessing whether its request for confidential treatment should be granted:* None.

Accordingly, MATI requests confidential treatment of the five year service quality improvement plan pursuant to section 0.457 and 0.459 of the Commission's rules.

The redacted version of this Form 481 submission will be filed via the Commission's Electronic Comment Filing System (ECFS) in the above-captioned docket.

If you have any questions about this filing, please contact the undersigned.

Sincerely,



Douglas K. Kitch, Principal
Alexicon, Inc.
(719) 531-6342

Attachment

cc: Charles Tyler
Telecommunications Access Policy Division
Wireline Competition Bureau
Federal Communications Commission
445 12th Street, S.W., Room 5-A452
Washington, DC 20554

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	491231
<015>	Study Area Name	MESCALERO APACHE
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Melanie O'Reilly
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5754644039 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	mporeilly@matinetworks.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) 0	<input type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband) 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		
<410>	Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile 0.0	<input type="checkbox"/>	<input type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed 0.0	<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile 0.0	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	491231NM510.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	491231NM610.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/> (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability (check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

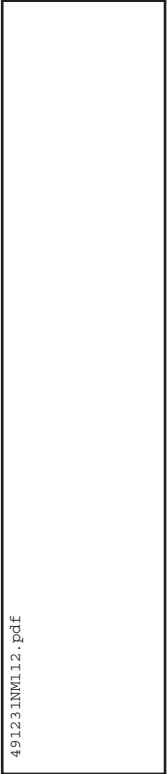
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	491231
<015>	Study Area Name	MESCALERO APACHE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Melanie O'Reilly 5754644039 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mporeilly@matinetworks.net

<110>	Has your company received its ETC certification from the FCC?	<input type="radio"/> (yes / no) <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no) <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.



<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets
<114>	Report how much universal service (USF) support was received
<115>	How (USF) was used to improve service quality
<116>	How (USF) was used to improve service coverage
<117>	How (USF) was used to improve service capacity
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.

**(200) Service Outage Reporting (Voice)
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	491231
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5754644039 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mporeilly@matinetworks.net

[illegible]

(800) Operating Companies
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	491231
<015>	Study Area Name	MESCALERO APACHE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Melanie O'Reilly
<035>	Contact Telephone Number - Number of person identified in data line <030>	5754644039 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mporeilly@matinetworks.net
<810>	Reporting Carrier	Mescalero Apache Telecom, Inc.
<811>	Holding Company	N/A
<812>	Operating Company	N/A

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	491231
<015>	Study Area Name	MESCALERO APACHE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Melanie O'Reilly
<035>	Contact Telephone Number - Number of person identified in data line <030>	5754644039 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mporeilly@matinetworks.net

<910>	Tribal Land(s) on which ETC Serves	Mescalero Apache Indian Reservation
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<920>	Tribal Government Engagement Obligation	491231NM920.pdf	Name of Attached Document
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If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

(1100) No Terrestrial Backhaul Reporting

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mporeilly@matinetworks.net

☐

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	491231
<015>	Study Area Name	MESCALERO APACHE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Melanie O'Reilly
<035>	Contact Telephone Number - Number of person identified in data line <030>	5754644039 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mporeilly@matinetworks.net

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<div>491231NM1210.pdf</div>	Name of Attached Document
<1220>	Link to Public Website	HTTP	

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mporeilly@matinetworks.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	

<2021>	Interim Progress Community Anchor Institutions	<div></div>
		Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mporeilly@matinetworks.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(ii))	<div></div> <div>Name of Attached Document Listing Required Information</div>
(3011)	Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<div></div>
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))	<div></div> <div>Name of Attached Document Listing Required Information</div>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<div><div><div></div><div></div></div><div>(Yes/No)</div></div>
(3014)	If yes, does your company file the RUS annual report	<div><div><div></div><div></div></div><div>(Yes/No)</div></div>
Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<div><div><div></div><div></div></div><div></div></div>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div><div><div></div><div></div></div><div></div></div>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<div><div><div></div><div></div></div><div>491231NN3017 . pdf</div><div>Name of Attached Document Listing Required Information</div><div>(Yes/No)</div></div>
(3018)	If the response is no on line 3014, Is your company audited?	<div><div><div></div><div></div></div><div>(Yes/No)</div></div>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<div><div><div></div><div></div></div><div></div></div>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div><div><div></div><div></div></div><div></div></div>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<div><div><div></div><div></div></div><div></div></div>
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	<div><div><div></div><div></div></div><div></div></div>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<div><div><div></div><div></div></div><div></div></div>
(3024)	Underlying information subjected to an officer certification.	<div><div><div></div><div></div></div><div></div></div>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div><div><div></div><div></div></div><div></div></div>
(3026)	Attach the worksheet listing required information	<div></div> <div>Name of Attached Document Listing Required Information</div>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mporeilly@matinetworks.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: MESCALERO APACHE	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/27/2014
Printed name of Authorized Officer: Melanie O Reilly	
Title or position of Authorized Officer: Controller	
Telephone number of Authorized Officer: 5754644039 ext.	
Study Area Code of Reporting Carrier: 491231	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	491231
<015> Study Area Name	MESCALERO APACHE
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<039> Contact Email Address - Email Address of person identified in data line <030>	mporeilly@matinetworks.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Mescalero Apache Telecom, Inc. (SAC 491231)
Initial Five Year Service Quality Improvement Plan
For the Calendar Years 2015-2019
Per 47 CFR § 54.313(a)(1) and 54.202(a)(1)(ii)

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

Mescalero Apache Telecom, Inc. (SAC 491231)

Statement Regarding Compliance with Service Quality Standards and Consumer Protection Rules

47 CFR § 54.313(a)(5)

Form 481, Line 510

Mescalero Apache Telecom, Inc. (MATI) is an incumbent local exchange carrier operating in the state of New Mexico, and is an eligible telecommunications carrier (ETC) designated by the New Mexico Public Regulation Commission (NMPRC). As such, MATI is subject to the regulatory authority of the NMPRC and operates under the relevant rules and laws of the state of New Mexico.

MATI is subject to the service quality standards and consumer protection standards adopted by the NMPRC and that are applicable to ILECs in the state of New Mexico. These standards are contained in Title 17, Chapter 11 of the New Mexico Administrative Code. Consumer protection standards are also contained in MATI's local tariff that is on file with the NMPRC.

Apart from effective internal procedures and operations, MATI ensures compliance with all applicable service quality and consumer protection rules through NMPRC enforcement, which entails the operation of an effective customer complaint process. MATI is required to respond to customer complaints and other service quality-related inquiries from the NMPRC in a reasonable time frame. MATI consistently meets or exceeds all NMPRC-adopted standards, and reports to this effect via all required NMPRC processes.

Finally, MATI has established internal procedures to ensure compliance with the Federal Communications Commission's Customer Proprietary Network Information (CPNI) rules that include, but are not limited to, periodic employee training and maintenance of written company CPNI procedures. MATI certifies its compliance with the Commission's CPNI rules by making annual filings as required in 47 CFR § 64.2009(e).

Mescalero Apache Telecom, Inc. (SAC 491231)

Statement Regarding the Ability to Function in Emergency Situations

47 CFR § 54.313(a)(6)

Form 481, Line 610

Mescalero Apache Telecommunications, Inc. (MATI) is an incumbent local exchange carrier operating in the state of New Mexico, and is an eligible telecommunications carrier (ETC) designated by the New Mexico Public Regulation Commission (NMPRC). As such, MATI is subject to the regulatory authority of the NMPRC and operates under the relevant rules and laws of the state of New Mexico.

MATI has batteries and portable generators capable of providing the required level of backup power, and that can be deployed as necessary to MATI's switching and remote sites. MATI's network is capable of rerouting traffic around damaged facilities, although this ability is not absolute and may be limited in certain circumstances. However, MATI follows all industry standard practices in ensuring its network remains functional during different types of emergency situations.

Mescalero Apache Telecom, Inc. (SAC 491231)

Tribal Government Engagement Obligation

47 CFR § 54.313(a)(9)

Form 481, Line 920

Mescalero Apache Telecommunications, Inc. (MATI) is a Tribally owned incumbent local exchange carrier operating on the Mescalero Apache Indian Reservation. As a Tribally owned company MATI's primary purpose is to make sure that Tribal customers receive quality telecommunications service.

MATI management engages Tribal government once every other month during board meetings. Those meetings are all focused on MATI's primary purpose of providing telecommunications service on Tribal lands. Some of the topics discussed in the board meetings include the following:

- Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- Feasibility and sustainability planning;
- Marketing services in a culturally sensitive manner;
- Compliance with Rights of way processes;
- Compliance with Land Use permitting requirements;
- Compliance with Facilities Siting rules;
- Compliance with Environmental Review processes;
- Compliance with Cultural Preservation review processes;
- Compliance with Tribal Business and Licensing requirements;
- Public Safety
- Education
- MATI's involvement community improvement projects



Mescalero Apache Telecom Inc.
PO Box 229, Mescalero, NM 88340
Office 575/464-4039 Fax 575/464-0311



Federal Lifeline Re-Certification Form

Customer Name _____ Date of Birth: _____

Social Security Number _____ Telephone Number: _____
Please print clearly

Physical Address: _____ Permanent _____ Temporary _____

Billing Address: _____
If different from physical address

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline is a non-transferable benefit and may not be transferred to any other person.

You must re-certify within 30 days from the date of this letter, should you fail to re-certify the lifeline credits will be removed. Please check the appropriate box(es), complete the remainder of the following Eligibility Certification Form, and return it to the address listed above; I understand that proof of my participation will be verified from the National Lifeline Accountability Database.

I certify under the penalty of perjury that I am not receiving lifeline service from another provider (wireless or wireline). I also certify under penalty of perjury that I currently receive benefits from the following program (check the box next to the program that applies):

- | | |
|--|--|
| <input type="checkbox"/> Federal Public Housing Assistance or Section 8 | <input type="checkbox"/> BIA General Assistance Program |
| <input type="checkbox"/> Temporary Assistance for Needy Families | <input type="checkbox"/> National School Lunch Program (<i>Free meals</i>) |
| <input type="checkbox"/> Supplemental Security Income (SSI) (<i>cannot use Social Security Income</i>) | |
| <input type="checkbox"/> Head Start (<i>Only those meeting its income qualifying standard</i>) | <input type="checkbox"/> Food stamps |
| <input type="checkbox"/> Medicaid (<i>cannot use Medicare</i>) | <input type="checkbox"/> LIHEAP |
| <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) | |
| <input type="checkbox"/> Income at or below 135% of the Federal Poverty Guidelines | <input type="checkbox"/> Number of Household Member _____ |

Family Size	Annual Income	Family Size	Annual Income
1	\$ 15,080.00	4	\$ 31,118.00
2	\$ 20,426.00	5	\$ 36,464.00
3	\$ 25,772.00	6	\$ 41,810.00

For each additional person, add \$5,346.00

Please read and initial each of the following lines to certify your participation:

- ☐ Applicants applying for lifeline under the income criteria must submit document of proof of household income to determine eligibility (prior year's tax return, current paycheck stubs(3 months), SSI statement of benefits, etc.)
- ☐ I further agree to notify MATI immediately if I cease to participate in the program listed above.
- ☐ I understand that it is my responsibility, as the customer to re-certify for lifeline every 12 months.
- ☐ Only one lifeline service is available per household

CUSTOMER SIGNS UNDER PENALTY OF PERJURY THAT THE INFORMATION OF ELIGIBILITY IS TRUE AND ACCURATE TO THE BEST OF THEIR KNOWLEDGE

Authorized Signer's Signature

X

Date

TITLE 17 **PUBLIC UTILITIES AND UTILITY SERVICES**
CHAPTER 11 **TELECOMMUNICATIONS**
PART 11 **LIFELINE AND LINKUP BENEFITS**

17.11.11.1 **ISSUING AGENCY:** New Mexico Public Regulation Commission.
[17.11.11.1 NMAC - N, 11-15-10]

17.11.11.2 **SCOPE:** This rule applies to all entities that have been designated by the commission as eligible telecommunications carriers and that may receive disbursements from the state rural universal service fund or the federal universal service fund.
[17.11.11.2 NMAC - N, 11-15-10]

17.11.11.3 **STATUTORY AUTHORITY:** Sections 8-8-4, 63-9C-4 and 63-9H-6 NMSA 1978.
[17.11.11.3 NMAC - N, 11-15-10]

17.11.11.4 **DURATION:** Permanent.
[17.11.11.4 NMAC - N, 11-15-10]

17.11.11.5 **EFFECTIVE DATE:** November 15, 2010, unless a later date is cited at the end of a section.
[17.11.11.5 NMAC - N, 11-15-10]

17.11.11.6 **OBJECTIVE:** The purpose of this rule is to ensure that each eligible telecommunications carrier designated by the commission provides lifeline and link-up benefits intended to make basic telecommunications services available to qualifying individuals and households under specified public assistance programs or income-based criteria. Lifeline and linkup have also been known in New Mexico as low-income telephone assistance programs or "LITAP."
[17.11.11.6 NMAC - N, 11-15-10]

17.11.11.7 **DEFINITIONS:**

- A.** **Applicant** means an eligible customer of an eligible telecommunications carrier.
 - B.** **Carrier** means an entity that provides intrastate retail public telecommunications services or comparable retail alternative services in New Mexico.
 - C.** **Eligible telecommunications carrier ("ETC")** means a carrier that has been designated by the commission as eligible to receive disbursement from the state rural universal service fund or the federal universal service fund.
 - D.** **Federal poverty guidelines** means the poverty guidelines issued each year by the federal health and human services department and published in the federal register.
 - E.** **Income** means all income actually received by all members of the household. This includes salary before deductions of taxes, public assistance benefits, inheritances, alimony, child support payments, workers' compensation benefits, gifts, lottery winnings, and the like. The only exceptions are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing, and the like.
 - F.** **Responsible agency** means the state government agency or other entity designated by the commission to administer the certification, verification and continued verifications of lifeline enrollment.
- [17.11.11.7 NMAC - N, 11-15-10]

17.11.11.8 **ELIGIBILITY REQUIREMENTS:**

- A.** **Program-Based Criteria.** All ETCs shall provide lifeline and linkup benefits to any applicant who self-certifies, under penalty of perjury, that his or her household is eligible for public assistance under one or more of the following programs:
 - (1) temporary assistance to needy families (TANF);
 - (2) food stamps;
 - (3) low income home energy assistance program (LIHEAP);
 - (4) medicaid;
 - (5) supplemental security income;
 - (6) national school lunch program; or
 - (7) federal public housing assistance.
- B.** **Income Based Criteria.** All ETCs shall provide lifeline and linkup benefits to any applicant who certifies, with supporting documentation and under penalty of perjury, that his or her household income is at or below 150 percent of the applicable federal poverty guidelines upon annual publication by the U.S. department of health and human services in the federal register.
 - (1) Income-based eligibility is based, in part, on household size. Therefore, an applicant must certify, under penalty

of perjury, the number of individuals residing in his or her household.

(2) An applicant must certify, under penalty of perjury, that the documentation supporting income-based certification accurately represents the applicant's annual household income. The following documents, or any combination of these documents, are acceptable to support certification based upon income:

- (a) prior year's state, federal or tribal tax returns;
- (b) current year-to-date earnings statement from an employer or three consecutive months of paycheck stubs;
- (c) social security administration statement of benefits;
- (d) veteran's administration statement of benefits;
- (e) retirement/pension statement of benefits;
- (f) unemployment/workers' compensation statement of benefits;
- (g) federal or tribal notice of participation in bureau of Indian affairs general assistance; or
- (h) divorce decree or child support wage assignment statement.

C. Application. The application form for participation in lifeline and linkup benefits shall be available from each ETC, the commission's consumer relations division, and the responsible agency, if one has been designated by the commission. Each completed application shall contain the following information, where applicable:

- (1) applicant's name, telephone number and home address;
- (2) the particular public assistance program(s), if applicable, and identification of the ETC that the applicant anticipates will provide service;
- (3) an affirmative statement that the applicant qualifies for lifeline or linkup benefits;
- (4) an affirmative statement under penalty of perjury affirming that the applicant is participating in one of the programs listed in Subsection A of 17.11.11.8 NMAC, or a statement under penalty of perjury affirming that the applicant's household income is at or below 150 percent of the federal poverty guideline; and if the application is based on income criteria, a statement under penalty of perjury that identifies the number of individuals residing in the household and affirms that the documentation presented to support income-based eligibility accurately represents the applicant's household income;
- (5) the following affirmative statement under penalty of perjury that the applicant is not receiving lifeline benefits of any kind on any other telephone or wireless account: "I agree to notify (name of carrier) when I no longer participate in any of the above qualifying public assistance programs or when there has been a change in the size or income level of my household. I certify under penalty of perjury the above information and attached documentation are true and that I and no one else is receiving lifeline benefits at this address, on either a telephone or wireless telephone account"; and
- (6) the applicant's signature.

D. Document Retention. The ETC or responsible agency shall retain eligibility applications for three (3) calendar years.

E. Tribal Land Lifeline and Linkup Benefits. Customers who live on tribal lands and who qualify for state lifeline and linkup benefits based on the program or income criteria set forth in Subsections A and B of 17.11.11.8 NMAC are eligible to receive prescribed federal benefits. Such federal benefits are not within the scope of, nor governed by, this rule. [17.11.11.8 NMAC - N, 11-15-10]

17.11.11.9 CONTINUING ELIGIBILITY:

A. Annual Verification. The continuing eligibility of customers for lifeline benefits shall be verified annually.

B. Verification Methods. The ETC or responsible agency shall verify the continued eligibility of lifeline customers under the program-based and income-based eligibility criteria. The ETC or responsible agency shall establish methods by which program-based and income-based eligibility shall be verified on an annual basis including, but not limited to, self-certification, reviews of state computer data bases, beneficiary audits, income documentation, or the continued eligibility of a statistically valid sample of lifeline customers.

C. Restoration Of Service And Payment Plans. ETCs must restore service for any customer who has had telephone service discontinued for nonpayment of basic service charges, provided that the customer was not a participant in LITAP at the time of discontinuance, but now qualifies. The ETC must also make a reasonable payment arrangement allowing six months for payment for past due basic service charges.

D. Termination Notices and Dispute Resolution. If a customer fails to establish continued eligibility, the ETC or responsible agency shall notify the customer of its intent to discontinue the customer's eligibility and the basis for that decision.

- (1) The eligibility termination notice shall be in writing and shall be delivered to the customer's mailing address.
- (2) The eligibility termination notice must allow the customer at least 60 days to demonstrate continued eligibility consistent with the rule. The customer's participation in lifeline service may not be discontinued during this 60-day period.
- (3) The eligibility termination notice shall include a statement advising the customer of the option to continue local telephone service after termination of lifeline service benefits at the non-discounted rate.
- (4) If the customer fails to provide proof of continued eligibility as required, or the ETC or responsible agency does not accept the customer's proof of continue eligibility, the ETC or responsible agency shall notify the customer in writing of its determination to discontinue the customer's participation in lifeline benefits. The notice shall include instructions for filing an appeal of the determination.

- (5) If the customer disputes the non-eligibility determination, he or she shall notify the ETC or responsible agency.

If the customer is still unable to resolve the dispute, he or she may appeal a non-eligibility determination within sixty (60) days of the date of the notice from the ETC or responsible agency by filing a written notice of appeal with the commission. Lifeline benefits will continue pending an appeal of a non-eligibility determination.

(6) An appeal pursuant to this rule shall be addressed by the commission consistent with the complaint procedures set forth in the commission's Consumer Protection rule (17.11.16 NMAC).
[17.11.11.9 NMAC - N, 11-15-10]

17.11.11.10 LIFELINE AND LINKUP BENEFITS:

A. Benefits. Lifeline benefits provided by ETCs shall consist of basic service, or its functional equivalent, and usage charges, less a discount of not less than \$3.50 and any other lifeline benefits established by the federal communications commission. ETCs shall provide linkup benefits in accordance with the federal linkup program utilizing the eligibility criteria set forth in Subsections A and B of 17.11.11.8 NMAC.

B. Deposits. When customer security deposits are otherwise required, they will be waived for lifeline service customers if the customer voluntarily elects to receive toll blocking.

C. Nonrecurring Charge Waiver. Lifeline customers will receive a waiver of the nonrecurring charge for changing the type of local exchange usage service to lifeline, or changing from flat rate service to message rate service, or vice versa, but only one such waiver shall be allowed during any 12-month period.

D. Termination. Lifeline benefits shall not be terminated for nonpayment of toll service.

E. Restrictions. A lifeline customer may receive lifeline and linkup benefits only for the customer's principal service line. Lifeline and linkup benefits are not available for service lines used for business purposes.

F. Other Services. A lifeline customer will not be required to purchase other services from the ETC, nor prohibited from purchasing other services, either separately or in a bundle with lifeline supported services, unless the customer has failed to comply with the ETC's terms and conditions for those services.

[17.11.11.10 NMAC - N, 11-15-10]

17.11.11.11 FUNDING OF LIFELINE AND LINKUP BENEFITS:

A. Reporting Requirements. All ETCs seeking cost recovery shall submit to the commission a monthly report, on or before the 15th day of each month, containing a description of the ETC's lifeline and linkup benefits. The report shall contain monthly information on:

(1) the foregone revenue resulting from the discounts provided to lifeline customers;

(2) the amounts of administrative, advertising, voucher and other lifeline and linkup expenses, including only those administrative costs borne by the ETCs over and above what they have expended in connection with their federal universal service duties;

(3) interest accrual amounts on lifeline and linkup funds; and

(4) the number of lifeline customers.

B. Cost Recovery. The total cost of providing lifeline service, including the administrative costs of the ETCs as provided at Paragraph (2) of Subsection A of 17.11.11.11 NMAC, and the costs incurred by the responsible agency, shall be recovered and funded from the state rural universal service fund pursuant to 17.11.10 NMAC.

C. ETC Payment. Within thirty (30) days after review and audit of an ETC's monthly report, the administrator of the state rural universal service fund shall disburse an amount equal to the ETC's lifeline and linkup expenses as provided in this rule, plus lifeline discounts up to \$3.50 per lifeline subscriber.

[17.11.11.11 NMAC - N, 11-15-10]

HISTORY OF 17.11.11 NMAC: [RESERVED]

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